

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Restore America PAC, Inc.

ADDRESS (number and street)

P.O. Box 2275

☐Check if different
than previously
reported. (ACC)

Topeka

KS

66601

2275

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344333

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

T.C. Anderson

Signature of Treasurer

Electronically Filed by T.C. Anderson

Date

07

12

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Restore America PAC, Inc.

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2008 | | 34441.57 |
| (b) Cash on Hand at Beginning of Reporting Period | 4467.04 | |
| (c) Total Receipts (from Line 19) | 202073.72 | 270891.81 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 206540.76 | 305333.38 |
| 7. Total Disbursements (from Line 31) | 197527.49 | 296320.11 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 9013.27 | 9013.27 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 49786.45 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Restore America PAC, Inc.

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 8

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 26415.00 | 36065.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 131713.61 | 185381.70 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➤ | 158128.61 | 221446.70 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 30000.00 | 35500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤ | 188128.61 | 256946.70 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 13945.11 | 13945.11 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 202073.72 | 270891.81 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 202073.72 | 270891.81 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 197297.49 | 291634.43 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 197297.49 | 291634.43 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 4415.68 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 230.00 | 270.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 230.00 | 270.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 197527.49 | 296320.11 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 197527.49 | 296320.11 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 188128.61 | 256946.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 230.00 | 270.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 187898.61 | 256676.70 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 197297.49 | 291634.43 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 13945.11 | 13945.11 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 183352.38 | 277689.32 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 93

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

KOCHPAC

Mailing Address 1450 G Street NW
Suite 445

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00236489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 80415.C9781

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

The Financial Services Roundtable PAC

Mailing Address 1001 Pennsylvania Ave.
Suite 500 South

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00193177

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 80415.C9785

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

PhRMA Better Government Committee

Mailing Address 1100 15th St., NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00021972

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80709.C14956

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Electrical Construction PAC

Mailing Address 3 Bethesda Metro Center

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C C00113811

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 80415.C9782

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bank Pac

Mailing Address 1120 Connecticut Avenue N.W.

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 80415.C9783

Amount of Each Receipt this Period

2500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kirkpatrick & Lockhart Preston Gates PAC

Mailing Address 1601 K Street NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00199786

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 80415.C9784

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 93

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Blank Rome LLP PAC

Mailing Address 600 New Hampshire Avenue NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C C00150797

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 80415.C9786

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Step toe & Johnson PAC

Mailing Address 1330 Connecticut Ave. NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00431858

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 80415.C9787

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

NCPA PAC

Mailing Address 100 Daingerfield Rd.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00030809

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 80415.C9953

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 93

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Fuelcell Transport PAC

Mailing Address 621 Seventeenth St.
Suite 2131

City State Zip Code
Denver CO 80293

FEC ID number of contributing
federal political committee.

C C00428748

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: 80415.C9955

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Comcast Corporation Political Action Com

Mailing Address 1500 Market Street

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 80709.C10082

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Prostate Cancer Research, PAC

Mailing Address 212 N. Sangamon St.
No. 1A

City State Zip Code
Chicago IL 60607

FEC ID number of contributing
federal political committee.

C C00329979

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80709.C10083

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 93

(check only one)

| | | | |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Boeing Political Action Committee

Mailing Address 1200 Wilson Boulevard

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.**C** C00142711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 8

Transaction ID: 80709.C10109

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Credit Suisse Securities (USA) PAC

Mailing Address 1201 F Street NW
Suite 450

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00111559

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: 80709.C11636

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Biotechnology Industry Organization-PAC

Mailing Address 1201 Maryland Ave. SW
Suite 900

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.**C** C00355677

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 8

Transaction ID: 80709.C11696

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 93

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Physician Hospitals Of America PAC

Mailing Address 2600 S. Minnesota
Suite 202

City State Zip Code
Sioux Falls SD 57105

FEC ID number of contributing
federal political committee.

C C00394163

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 8

Transaction ID: 80709.C11697

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
GenenPAC

Mailing Address 1 DNA Way

City State Zip Code
South San Francisco CA 94080

FEC ID number of contributing
federal political committee.

C C00199257

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 80709.C11714

Amount of Each Receipt this Period

1500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Oracle USA Inc. PAC

Mailing Address 1015 15th St. NW
Suite 200

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00323048

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 80709.C12276

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 93

(check only one)

| | | | |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Genzyme Corporation PAC

Mailing Address 1850 K Street NW
Suite 650

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20006 |

FEC ID number of contributing
federal political committee.**C** C00393736

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 8 |

Transaction ID: 80709.C15780

Amount of Each Receipt this Period

3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

30000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Erik J. Hotmire

Mailing Address 4408 Random Ct.

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark & WeinstockOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 80415.C9954

Amount of Each Receipt this Period

1500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John W. Bode

Mailing Address 431 NW 17th Street

City

Oklahoma City

State

OK

Zip Code

73103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olsson, Frank & WeedaOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 3 | | 2 | 0 | 0 | 8 |

Transaction ID: 80415.C9788

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Daniel R. Foley

Mailing Address 3399 Robinwood Drive

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 7 | | 2 | 0 | 0 | 8 |

Transaction ID: 80709.C11221

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Anne Wunsche

Mailing Address 261 E Line St Apt G

City

Bishop

State

CA

Zip Code

93514-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: 80709.C11699

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Anne Wunsche

Mailing Address 261 E Line St Apt G

City

Bishop

State

CA

Zip Code

93514-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: 80709.C11700

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mildred A Dunn

Mailing Address 2121 Meadowlark Rd Apt 420

City

Manhattan

State

KS

Zip Code

66502-4573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11544

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Mildred A Dunn

Mailing Address 2121 Meadowlark Rd Apt 420

City

Manhattan

State

KS

Zip Code

66502-4573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 80709.C12187

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mildred A Dunn

Mailing Address 2121 Meadowlark Rd Apt 420

City

Manhattan

State

KS

Zip Code

66502-4573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 80709.C15205

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Reynelda Maixner

Mailing Address 5523 SW 25th St

City

Topeka

State

KS

Zip Code

66614-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 80709.C14695

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 93

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Jeanette Yandow

Mailing Address 1133 Long Pond Rd

City

Rochester

State

NY

Zip Code

14626-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Transaction ID: 80709.C10786

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jeanette Yandow

Mailing Address 1133 Long Pond Rd

City

Rochester

State

NY

Zip Code

14626-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Transaction ID: 80709.C12561

Amount of Each Receipt this Period

225.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard S Griffith

Mailing Address PO Box 91610

City

Lafayette

State

LA

Zip Code

70509-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard GriffithOccupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 0 | | 2 | 0 | 0 | 8 |

Transaction ID: 80709.C12337

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Robert Sullivan

Mailing Address 5003 W 140th St

City

Hawthorne

State

CA

Zip Code

90250-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80709.C12900

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Macke

Mailing Address 5460 Walsh St

City

Saint Louis

State

MO

Zip Code

63109-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 80709.C10406

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Macke

Mailing Address 5460 Walsh St

City

Saint Louis

State

MO

Zip Code

63109-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C10893

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

John Macke

Mailing Address 5460 Walsh St

City

Saint Louis

State

MO

Zip Code

63109-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11509

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Macke

Mailing Address 5460 Walsh St

City

Saint Louis

State

MO

Zip Code

63109-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80709.C12093

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Macke

Mailing Address 5460 Walsh St

City

Saint Louis

State

MO

Zip Code

63109-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80709.C12926

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Agnes Minar

Mailing Address 805 Forest Ave. Apt 220

City

Northfield

State

MN

Zip Code

55057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80709.C11133

Amount of Each Receipt this Period

75.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Agnes Minar

Mailing Address 805 Forest Ave. Apt 220

City

Northfield

State

MN

Zip Code

55057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 80709.C12485

Amount of Each Receipt this Period

75.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marilyn Heine

Mailing Address 56221 897 Rd.

City

Fordyce

State

NE

Zip Code

68736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80709.C15015

Amount of Each Receipt this Period

70.00

Receipt

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Marilyn Heine

Mailing Address 56221 897 Rd.

City

Fordyce

State

NE

Zip Code

68736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 80709.C12173

Amount of Each Receipt this Period

35.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marilyn Heine

Mailing Address 56221 897 Rd.

City

Fordyce

State

NE

Zip Code

68736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80709.C15012

Amount of Each Receipt this Period

35.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James Fitzgerald

Mailing Address 262 Northfield Rd.

City

Millington

State

NJ

Zip Code

07946

FEC ID number of contributing
federal political committee.

C

Name of Employer
James E. Fitzgerald Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 8

Transaction ID: 80709.C12868

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Emil Kaelin

Mailing Address 2614 Waterford Rd.

City

Mount Washington

State

KY

Zip Code

40047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

World War II Vet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80709.C11745

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Emil Kaelin

Mailing Address 2614 Waterford Rd.

City

Mount Washington

State

KY

Zip Code

40047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

World War II Vet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 80709.C14687

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Travis Rankin

Mailing Address 425 Alcatraz Ave.
Apt. 1

City

Oakland

State

CA

Zip Code

94609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allied Barton Security Se-
vice

Occupation

Security Guard

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80709.C10776

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Travis Rankin

Mailing Address 425 Alcatraz Ave.
Apt. 1

City State Zip Code
Oakland CA 94609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allied Barton Security Se-
rvice

Occupation
Security Guard

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11480

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Edith Furr

Mailing Address 46 Sodie Cameron Rd.

City State Zip Code
Lumberton MS 39455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80709.C11817

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Joan Shinal

Mailing Address 21 Shamrock Ave.

City State Zip Code
Seneca Falls NY 13148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: 80709.C12040

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Edith Waterfield

Mailing Address 98 Kennedy Road

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C10890

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Edith Waterfield

Mailing Address 98 Kennedy Road

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: 80709.C12080

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mary Jane Bartee

Mailing Address 6281 Bellinger Drive

City

Huntington Beach

State

CA

Zip Code

92647

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Bonaventure Catholic
Churc

Occupation

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80709.C10421

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Joseph Casey

Mailing Address 6515 Sara Alyce Ct.

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: 80709.C12406

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Christa Rodriguez

Mailing Address 281 Allen Dam Rd.

City

Natchitoches

State

LA

Zip Code

71457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cornerstone Pediatrics

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80709.C10498

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Paul Cheatum

Mailing Address 15 S. Lynwood

City

Wichita

State

KS

Zip Code

67207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vein Clinic of America

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80709.C10775

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 93

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Paul Cheatum

Mailing Address 15 S. Lynwood

City

Wichita

State

KS

Zip Code

67207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vein Clinic of AmericaOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80709.C12247

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Paul Cheatum

Mailing Address 15 S. Lynwood

City

Wichita

State

KS

Zip Code

67207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vein Clinic of AmericaOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80709.C13812

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wade Poole III

Mailing Address 10110 Ledbury Way

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80709.C12972

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Jane Kraemer

Mailing Address 408 Bienterra Trail

City

Rockford

State

IL

Zip Code

61107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80709.C10779

Amount of Each Receipt this Period

150.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jane Kraemer

Mailing Address 408 Bienterra Trail

City

Rockford

State

IL

Zip Code

61107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 80709.C12901

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Maurice Lonsway

Mailing Address 15332 Oaktree Estates Dr.

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 80709.C12630

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Mrs. John T. Anderson

Mailing Address 30771 N. Lake Dr.

City

Sedalia

State

MO

Zip Code

65301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 80709.C12448

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Margery Strabala

Mailing Address 1080 E. 10th St.

City

Salem

State

OH

Zip Code

44460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C10834

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Margery Strabala

Mailing Address 1080 E. 10th St.

City

Salem

State

OH

Zip Code

44460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 80709.C12288

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Paul DeCleva

Mailing Address 350 N. Saint Paul
Suite 1625

City State Zip Code
Dallas TX 75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80709.C10464

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Gail Whiting

Mailing Address 1718 W. Richardson Place

City State Zip Code
Tampa FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80709.C12992

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Albert Kempf

Mailing Address 262 Ashley Rd.

City State Zip Code
Hopkins MN 55343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80709.C12912

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Mrs. Robert Shea

Mailing Address 5638 61st St. W.

City

University Place

State

WA

Zip Code

98467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 80709.C12149

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mrs. Julian C. Metts

Mailing Address 112 Columbia Rd.

City

Cartersville

State

VA

Zip Code

23027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clifton Farms

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 80709.C12025

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Paul Casner

Mailing Address RR 1, Box 85

City

Bloomfield

State

IN

Zip Code

47424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C10859

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Lynda Gimple

Mailing Address 11520 SW 57th St.

City

Topeka

State

KS

Zip Code

66610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80709.C12380

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

W. Warren Dekrey

Mailing Address 730 Aspen Place

City

Bismarck

State

ND

Zip Code

58502

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.D. Council on Gambling
Probl

Occupation

Lobbyist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 80709.C10105

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Floren Giessinger

Mailing Address 2510 Las Lunas St.

City

Pasadena

State

CA

Zip Code

91107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 80709.C10023

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Suzanne Peyser

Mailing Address 7 Arrowood Terrace

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 80415.C9509

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kathleen R. Urbom

Mailing Address 4930 Brentwood Rd.

City

Topeka

State

KS

Zip Code

66606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: 80415.C9956

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Fred Scheigert

Mailing Address 123 S. Pitt St.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 80709.C10005

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Fred Scheigert

Mailing Address 123 S. Pitt St.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80709.C10787

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Strathman

Mailing Address 902 Pioneer St.

City

Seneca

State

KS

Zip Code

66538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seneca Wholesale Co.

Occupation

Beer Wholesaler

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 80709.C10223

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Strathman

Mailing Address 902 Pioneer St.

City

Seneca

State

KS

Zip Code

66538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seneca Wholesale Co.

Occupation

Beer Wholesaler

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80709.C12015

Amount of Each Receipt this Period

400.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80709.C10434

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: 80709.C11354

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dale E. Wiggins

Mailing Address 2526 N. Lake Ridge Ct.

City

Wichita

State

KS

Zip Code

67205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triad Associates

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 80709.C10556

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Dale E. Wiggins

Mailing Address 2526 N. Lake Ridge Ct.

City

Wichita

State

KS

Zip Code

67205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triad Associates

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80709.C12257

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mildred W. Kuhn

Mailing Address 5005 Relleum Ave.

City

Cincinnati

State

OH

Zip Code

45238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 80709.C10578

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mildred W. Kuhn

Mailing Address 5005 Relleum Ave.

City

Cincinnati

State

OH

Zip Code

45238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80709.C12300

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Catherine Uebersetzg

Mailing Address 1005 Bristol Drive

City

Waunakee

State

WI

Zip Code

53597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 80709.C10594

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Catherine Uebersetzg

Mailing Address 1005 Bristol Drive

City

Waunakee

State

WI

Zip Code

53597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11597

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Catherine Uebersetzg

Mailing Address 1005 Bristol Drive

City

Waunakee

State

WI

Zip Code

53597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 80709.C12618

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 36 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Gerald J. White

Mailing Address 2314 Dodge Ave

City

Waukegan

State

IL

Zip Code

60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 80709.C10703

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Gerald J. White

Mailing Address 2314 Dodge Ave

City

Waukegan

State

IL

Zip Code

60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C10889

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gerald J. White

Mailing Address 2314 Dodge Ave

City

Waukegan

State

IL

Zip Code

60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 80709.C12077

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Gerald J. White

Mailing Address 2314 Dodge Ave

City

Waukegan

State

IL

Zip Code

60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 80709.C13792

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John F. Ryan

Mailing Address 407 Russell Ave.
Apt. G3

City

Gaithersburg

State

MD

Zip Code

20877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 80709.C10731

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John F. Ryan

Mailing Address 407 Russell Ave.
Apt. G3

City

Gaithersburg

State

MD

Zip Code

20877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80709.C12417

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Mary L. Meltzer

Mailing Address 14 Edgecomb Rd.

City

Binghamton

State

NY

Zip Code

13905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80709.C10791

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dorothy M. Scheckel

Mailing Address 1620 Wingate Drive
Apt. 4

City

Dubuque

State

IA

Zip Code

52002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 80709.C10950

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dorothy M. Scheckel

Mailing Address 1620 Wingate Drive
Apt. 4

City

Dubuque

State

IA

Zip Code

52002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80709.C11656

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Dorothy M. Scheckel

Mailing Address 1620 Wingate Drive
Apt. 4

City State Zip Code
Dubuque IA 52002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80709.C12848

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William B. Rice

Mailing Address 6910 Hopeful Rd.
2112

City State Zip Code
Florence KY 41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80709.C11108

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William B. Rice

Mailing Address 6910 Hopeful Rd.
2112

City State Zip Code
Florence KY 41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80709.C12054

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Maurna M. Donovan

Mailing Address 160 Woodlawn Ave.

City

Saint Paul

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 80709.C11195

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Maurna M. Donovan

Mailing Address 160 Woodlawn Ave.

City

Saint Paul

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80709.C12120

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David W. Armin

Mailing Address 35127 Highway WW

City

Marceline

State

MO

Zip Code

64658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80709.C11262

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 93

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

R. Alfreda Wilson

Mailing Address 2855 Kelly Drive

City

Manhattan

State

KS

Zip Code

66502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80709.C11299

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Noelle J. Hudalla

Mailing Address 308 Ravilla Ave.

City

Staples

State

MN

Zip Code

56479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 80709.C11322

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wayne Wetzel

Mailing Address 1745 Casey Jones Ct.

City

Clearwater

State

FL

Zip Code

33765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Mobile Home Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 80709.C11323

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Sharon L. Cohen

Mailing Address 10405 Sandringham Ct.

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Podesta Group

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 80709.C11940

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Emil J. Avey

Mailing Address RR1, Box 564

City

Parsons

State

WV

Zip Code

26287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: 80709.C12653

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gerald Schumann

Mailing Address 1027 Rural St.

City

Emporia

State

KS

Zip Code

66801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumann Electric Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 80709.C12718

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Gerald Schumann

Mailing Address 1027 Rural St.

City

Emporia

State

KS

Zip Code

66801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumann Electric Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: 80709.C13544

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Gerald Schumann

Mailing Address 1027 Rural St.

City

Emporia

State

KS

Zip Code

66801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumann Electric Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80709.C14769

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Bill Nahm

Mailing Address 466 Dickens Ave.

City

Saint Louis

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Express Mecial Supply

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: 80709.C12729

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Catherine Smith

Mailing Address 320 First Flite Lane

City

Manakin Sabot

State

VA

Zip Code

23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smith Iron & Metal Co. In-
c.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80709.C12782

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Fritz

Mailing Address 25 Elliot Lane

City

Trabuco Canyon

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80709.C12786

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

K Kennelly

Mailing Address 2105 Houston Place

City

Denton

State

TX

Zip Code

76201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas

Occupation

Retired Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C12821

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Philip Jakeway

Mailing Address 17 Forbes Blvd.

City

Eastchester

State

NY

Zip Code

10709

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Supporting Cast, Inc.

Occupation

Vice president

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C13054

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marta Buser

Mailing Address 13133 Reeds St.

City

Shawnee Mission

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C13058

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Tim Tighe

Mailing Address 415 W. 59th St.

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Church of St. Saviour

Occupation

Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80709.C13260

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Brewster Durkee

Mailing Address 5027 River Point Rd.

City

Jacksonville

State

FL

Zip Code

32207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: 80709.C13342

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric Johnson

Mailing Address 286 San Rafael Ave.

City

Belvedere Tiburon

State

CA

Zip Code

94920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80709.C13371

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wesley Hooley

Mailing Address 26961 Indian Cove Lane

City

Hammitt

State

ID

Zip Code

83627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Farmer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80709.C13394

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Anne Reed

Mailing Address 8580 Woodway Drive
2219

City State Zip Code
Houston TX 77063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80709.C13835

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Laura Timmis

Mailing Address 2950 Fort Charles Drive

City State Zip Code
Naples FL 34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 8

Transaction ID: 80709.C14016

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rodney Picking

Mailing Address 7433 Idledale Lane

City State Zip Code
Omaha NE 68112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 80709.C14081

Amount of Each Receipt this Period

3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

John Connelly

Mailing Address 17160 S. Stonehaven Dr.

City

Belton

State

MO

Zip Code

64012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: 80709.C14394

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marcia Dalsky

Mailing Address E5851 Sunrise Road

City

Wausau

State

WI

Zip Code

54403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senic Signs and Screen Pa-
intin

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: 80709.C14469

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marcia Dalsky

Mailing Address E5851 Sunrise Road

City

Wausau

State

WI

Zip Code

54403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senic Signs and Screen Pa-
intin

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 80709.C15037

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Susan Sampson

Mailing Address 914 Minnesota St.

City

Hibbing

State

MN

Zip Code

55746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: 80709.C14802

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Susan Sampson

Mailing Address 914 Minnesota St.

City

Hibbing

State

MN

Zip Code

55746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80709.C15242

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Garland Edwards

Mailing Address Box 5045

City

Eden

State

NC

Zip Code

27289

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of N, Carolina

Occupation

Rehab. Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80709.C14830

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Albert Schaller

Mailing Address 8208 Lakeshore Drive

City

Fort Gratiot

State

MI

Zip Code

48059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schaller Tool & Die Co.

Occupation

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: 80709.C15032

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marcia Wolff

Mailing Address 1 Keahole Place
Apt. 3303

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acc. LLP

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 80709.C15326

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Healey

Mailing Address 12440 Sunnydale Drive

City

West Palm Beach

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Viking Yacht Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80710.C15965

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

26415.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Patton Kiehl Group

Mailing Address P.O. Box 590

City

Thornburg

State

VA

Zip Code

22565-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.23

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80709.C15747

Amount of Each Receipt this Period

431.23

Offsets to Operating Expe-
nditu

B.

Full Name (Last, First, Middle Initial)

Nova List Company

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

City

Herndon

State

VA

Zip Code

20171-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4727.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80709.C12513

Amount of Each Receipt this Period

4727.88

Offsets to Operating Expe-
nditu

C.

Full Name (Last, First, Middle Initial)

Nova List Company

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

City

Herndon

State

VA

Zip Code

20171-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9657.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 80709.C12512

Amount of Each Receipt this Period

4930.00

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

10089.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Nova List Company

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

City State Zip Code
Herndon VA 20171-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11929.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80709.C15746

Amount of Each Receipt this Period

2272.00

Offsets to Operating Expe-
nditu

B.

Full Name (Last, First, Middle Initial)

Advanced Mailing Services

Mailing Address 14970 Farm Creek Drive

City State Zip Code
Woodbridge VA 22191-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: 80709.C12514

Amount of Each Receipt this Period

1495.35

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

3767.35

TOTAL This Period (last page this line number only)

13856.46

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Ryan T. Carney

Mailing Address 5230 Harold Second Street

City Alexandria State VA Zip Code 22304-

Purpose of Disbursement
Restore Fundraising Retainer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80710.E1299

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

5833.00

RESTORE FUNDRAISING RETAI-
NER

B.

Full Name (Last, First, Middle Initial)

Sunrise Data Services

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
Mailing List Service for Restore

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1239

Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

515.00

MAILING LIST SERVICE FOR
RESTORE

C.

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address Main Office

City Washington State DC Zip Code 20066-

Purpose of Disbursement
Business Reply Mail Account

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1188

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

485.00

BUSINESS REPLY MAIL ACCOU-
NT

SUBTOTAL of Disbursements This Page (optional)

6833.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Fulfillment House Inc. | Transaction ID: 80709.E1182 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 13860 Redskin Drive | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 1 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Herndon State VA Zip Code 20171- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Restore Fundraising Printing Candidate Name | <table border="1"> <tr> <td colspan="10">2142.80</td> </tr> </table> | 2142.80 | | | | | | | | | | | | | | | | | | | |
| 2142.80 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | RESTORE FUNDRAISING PRINT-ING | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Integram Company | Transaction ID: 80709.E1221 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 8421 Hilltop Road | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 2 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Fairfax State VA Zip Code 22031- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Restore Fundraising Mailing Candidate Name | <table border="1"> <tr> <td colspan="10">4696.76</td> </tr> </table> | 4696.76 | | | | | | | | | | | | | | | | | | | |
| 4696.76 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | RESTORE FUNDRAISING MAIL-ING | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) CoreFirst Bank & Trust | Transaction ID: 80709.E1213 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 5049 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 0 | 4 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 0 | 4 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Topeka State KS Zip Code 66605-0049 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name | <table border="1"> <tr> <td colspan="10">2583.87</td> </tr> </table> | 2583.87 | | | | | | | | | | | | | | | | | | | |
| 2583.87 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | CREDIT CARD: SEE BELOW | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ►

9423.43

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address P.O. Box 619616

City Dallas State TX Zip Code 75261-9616

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1202

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

219.50

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)
Bistro Bis

Mailing Address 15 E Street NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Restore Fundraising Meal Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1204

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

941.15

[MEMO ITEM]

MEMO: RESTORE FUNDRAISING
MEAL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Amtrak Corp.

Mailing Address Union Station

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1203

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

613.00

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Midwest Express

Mailing Address 6744 S. Howell Ave.

City State Zip Code
Oak Creek WI 53154-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)

Catterton Printing

Mailing Address 100 Post Office Rd.

City State Zip Code
Waldorf MD 20602-

Purpose of Disbursement
Restore Fundraising Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1183

Date of Disbursement

/ /

Amount of Each Disbursement this Period

RESTORE FUNDRAISING PRINT-
ING

C.

Full Name (Last, First, Middle Initial)

Information Technology Implementation Co.

Mailing Address 12601 S. Crawford Rd.

City State Zip Code
Burlingame KS 66413-

Purpose of Disbursement
Data Transfer/Computer Install

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1245

Date of Disbursement

/ /

Amount of Each Disbursement this Period

DATA TRANSFER/COMPUTER IN-
STALL

SUBTOTAL of Disbursements This Page (optional)

1840.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Credit Card fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1195

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

135.80

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
Martin J. Gillespie

Mailing Address 1216 Maple Ave.

City Atco State NJ Zip Code 08004-

Purpose of Disbursement
Restore Political Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1199

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

4166.50

RESTORE POLITICAL CONSULT-
ING FEE

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Main Office

City Washington State DC Zip Code 20066-

Purpose of Disbursement
Business Reply Postage Account

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1178

Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

BUSINESS REPLY POSTAGE AC-
COUNT

SUBTOTAL of Disbursements This Page (optional)

5302.30

TOTAL This Period (last page this line number only)

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A. Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
Caging & Escrow fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

746.02

CAGING & ESCROW FEES

B. Full Name (Last, First, Middle Initial)
United Bank

Mailing Address 14426 Albemarle Point Place
Suite 100

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
Returned check fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.50

RETURNED CHECK FEE

C. Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1179

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3009.49

MAILED RESTORE FUNDRAISING
PIECE

SUBTOTAL of Disbursements This Page (optional)

3763.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address P.O. Box 660108

City
Dallas

State
TX

Zip Code
75266-

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1255

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.13

TELEPHONE SERVICE

B.

Full Name (Last, First, Middle Initial)

Colortree of Virginia

Mailing Address 8000 Villa Park Drive

City
Richmond

State
VA

Zip Code
23228-

Purpose of Disbursement
Printing Restore Mailing Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2606.81

PRINTING RESTORE MAILING
PIECE

C.

Full Name (Last, First, Middle Initial)

Ryan T. Carney

Mailing Address 5230 Harold Second Street

City
Alexandria

State
VA

Zip Code
22304-

Purpose of Disbursement
Restore Fundraising Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1155

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11666.00

RESTORE FUNDRAISING CONSUL-
TING FEE

SUBTOTAL of Disbursements This Page (optional)

14482.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Patton Kiehl Group Mailing Address P.O. Box 590 | Transaction ID: 80709.E1236 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div> |
| City Thornburg State VA Zip Code 22565- Purpose of Disbursement Mailed Restore Fundraising Piece Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>3339.15</div> MAILED RESTORE FUNDRAISING PIECE |
| B. Full Name (Last, First, Middle Initial) Aristotle Mailing Address 205 Pennsylvania Ave., SE City Washington State DC Zip Code 20003- Purpose of Disbursement Annual Tech Support Renewal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80709.E1198 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1500.00</div> ANNUAL TECH SUPPORT RENEW- AL |
| C. Full Name (Last, First, Middle Initial) Martin J. Gillespie Mailing Address 1216 Maple Ave. City Atco State NJ Zip Code 08004- Purpose of Disbursement Restore Political Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80710.E1298 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>4166.50</div> RESTORE POLITICAL CONSULT- ING FEE |

SUBTOTAL of Disbursements This Page (optional)

9005.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Main Office

City Washington State DC Zip Code 20066-

Purpose of Disbursement
Business Reply Postage Account
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1279
Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

BUSINESS REPLY POSTAGE AC-
COUNT

B.

Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1233
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1253.64

MAILED RESTORE FUNDRAISING
PIECE

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Main Office

City Washington State DC Zip Code 20066-

Purpose of Disbursement
Business Reply Postage Account
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1219
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1200.00

BUSINESS REPLY POSTAGE AC-
COUNT

SUBTOTAL of Disbursements This Page (optional)

2953.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Kenmore Envelope Company Inc | Transaction ID: 80709.E1293 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 4641 International Trade Court | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 2 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Richmond State VA Zip Code 23231- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Restore Fundraising Printing Candidate Name | <table border="1"> <tr> <td colspan="10">706.95</td> </tr> </table> | 706.95 | | | | | | | | | | | | | | | | | | | |
| 706.95 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| RESTORE FUNDRAISING PRINT-ING | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Fulfillment House Inc. | Transaction ID: 80709.E1284 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 13860 Redskin Drive | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 2 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Herndon State VA Zip Code 20171- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Restore Fundraising Piece Printing Candidate Name | <table border="1"> <tr> <td colspan="10">1501.87</td> </tr> </table> | 1501.87 | | | | | | | | | | | | | | | | | | | |
| 1501.87 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| RESTORE FUNDRAISING PIECE PRINTING | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) United Bank | Transaction ID: 80709.E1223 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 14426 Albemarle Point Place Suite 100 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 3 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 3 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Chantilly State VA Zip Code 20151- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Returned check fee Candidate Name | <table border="1"> <tr> <td colspan="10">7.50</td> </tr> </table> | 7.50 | | | | | | | | | | | | | | | | | | | |
| 7.50 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| RETURNED CHECK FEE | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2216.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 93

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Washington Intelligence Bureau | Transaction ID: 80709.E1290 Date of Disbursement |
| Mailing Address 4128 Pepsi Place | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 8</div> </div> |
| City Chantilly State VA Zip Code 20151- Purpose of Disbursement Caging & Escrow Services Candidate Name | Amount of Each Disbursement this Period <div>2580.80</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div>Category/Type</div> <p>CAGING & ESCROW SERVICES</p> |
| B. Full Name (Last, First, Middle Initial) Advanced Mailing Services | Transaction ID: 80709.E1191 Date of Disbursement |
| Mailing Address 14970 Farm Creek Drive | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 8</div> </div> |
| City Woodbridge State VA Zip Code 22191- Purpose of Disbursement Restore Fundraising Mailing Candidate Name | Amount of Each Disbursement this Period <div>1134.30</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div>Category/Type</div> <p>RESTORE FUNDRAISING MAILING</p> |
| C. Full Name (Last, First, Middle Initial) Advanced Mailing Services | Transaction ID: 80709.E1281 Date of Disbursement |
| Mailing Address 14970 Farm Creek Drive | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 8</div> </div> |
| City Woodbridge State VA Zip Code 22191- Purpose of Disbursement Restore Fundraising Mailing Candidate Name | Amount of Each Disbursement this Period <div>546.91</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div>Category/Type</div> <p>RESTORE FUNDRAISING MAILING</p> |

SUBTOTAL of Disbursements This Page (optional)

4262.01

TOTAL This Period (last page this line number only)

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

Full Name (Last, First, Middle Initial)
CoreFirst Bank & Trust

Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

123.36

Category/
Type

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)
Aristotle

Date of Disbursement

04 / 13 / 2008

Amount of Each Disbursement this Period

29.54

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

CREDIT CARD FEES

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

42.00

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

POSTAGE

194.90

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1287

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1314.07

MAILED RESTORE FUNDRAISING
PIECE

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 660108

City Dallas State TX Zip Code 75266-

Purpose of Disbursement
Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1159

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.10

TELEPHONE SERVICE

C.

Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1230

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6275.73

MAILED RESTORE FUNDRAISING
PIECE

SUBTOTAL of Disbursements This Page (optional)

7799.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Nova List Company

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
Mailing lists
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1215
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2164.54

MAILING LISTS

B.

Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1180
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2703.03

MAILED RESTORE FUNDRAISING
PIECE

C.

Full Name (Last, First, Middle Initial)
Nova List Company

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
Restore Mailing List Rentals
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1286
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2144.81

RESTORE MAILING LIST RENT-
ALS

SUBTOTAL of Disbursements This Page (optional)

7012.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1171

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.55

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
CoreFirst Bank & Trust

Mailing Address P.O. Box 5049

City Topeka State KS Zip Code 66605-0049

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1254

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.10

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
The Monocle on Capitol Hill

Mailing Address 107 D Street, N.E.

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Meal Cost

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1209

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.00

[MEMO ITEM]
MEMO: MEAL COST

SUBTOTAL of Disbursements This Page (optional)

96.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
CoreFirst Bank & Trust

Mailing Address P.O. Box 5049

City State Zip Code
Topeka KS 66605-0049

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1157

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.99

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
CoreFirst Bank & Trust

Mailing Address P.O. Box 5049

City State Zip Code
Topeka KS 66605-0049

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1356.85

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
The Monocle on Capitol Hill

Mailing Address 107 D Street, N.E.

City State Zip Code
Washington DC 20002-

Purpose of Disbursement
Restore America Reception Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1173.85

[MEMO ITEM]

MEMO: RESTORE AMERICA RECEPTION COSTS

SUBTOTAL of Disbursements This Page (optional)

1360.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Direct Impressions | Transaction ID: 80709.E1241 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2100 Tomlynn St. | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 9 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Richmond State VA Zip Code 23230- Purpose of Disbursement Restore Fundraising Printing Candidate Name | Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>2</td><td>2</td><td>2</td><td>4</td><td>5</td> </tr> </table> | 3 | 2 | 2 | 2 | 4 | 5 | | | | | | | | | | | | | | |
| 3 | 2 | 2 | 2 | 4 | 5 | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | RESTORE FUNDRAISING PRINT- ING | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Sunrise Data Services | Transaction ID: 80709.E1184 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 13755 Sunrise Valley Dr. Suite 450 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 7 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Herndon State VA Zip Code 20171- Purpose of Disbursement Data Services for Restore Candidate Name | Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>5</td><td>3</td><td>.</td><td>1</td><td>4</td> </tr> </table> | 7 | 5 | 3 | . | 1 | 4 | | | | | | | | | | | | | | |
| 7 | 5 | 3 | . | 1 | 4 | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DATA SERVICES FOR RESTORE | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) SMARTech Corporation | Transaction ID: 80709.E1257 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Box 11181 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Chattanooga State TN Zip Code 37401- Purpose of Disbursement Restore e-mail service Candidate Name | Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>2</td><td>5</td><td>.</td><td>0</td><td>0</td> </tr> </table> | 5 | 2 | 5 | . | 0 | 0 | | | | | | | | | | | | | | |
| 5 | 2 | 5 | . | 0 | 0 | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | RESTORE E-MAIL SERVICE | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

4500.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1231

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2360.44

MAILED RESTORE FUNDRAISING
PIECE

B.

Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

258.85

MAILED RESTORE FUNDRAISING
PIECE

C.

Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.20

MAILED RESTORE FUNDRAISING
PIECE

SUBTOTAL of Disbursements This Page (optional)

3219.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Patton Kiehl Group Mailing Address P.O. Box 590 | Transaction ID: 80709.E1181 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 8</div> </div> |
| City Thornburg State VA Zip Code 22565- Purpose of Disbursement Mailed Restore Fundraising Piece Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>837.77</div> MAILED RESTORE FUNDRAISING PIECE |
| B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 660108 City Dallas State TX Zip Code 75266- Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80709.E1197 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>216.84</div> TELEPHONE SERVICE |
| C. Full Name (Last, First, Middle Initial) Short Term Mail & Postage Mailing Address 13755 Sunrise Valley Drive Suite 450 City Herndon State VA Zip Code 20171- Purpose of Disbursement Postage for Restore PAC Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80709.E1237 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>9153.14</div> POSTAGE FOR RESTORE PAC FUNDRAISING |

SUBTOTAL of Disbursements This Page (optional)

10207.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) CoreFirst Bank & Trust Mailing Address P.O. Box 5049 | Transaction ID: 80709.E1161 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div> |
| City State Zip Code Topeka KS 66605-0049 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> | Amount of Each Disbursement this Period <div>3.99</div> CREDIT CARD: SEE BELOW |
| B. Full Name (Last, First, Middle Initial) T.C. Anderson Mailing Address 2436 SW Camelot Pl. City State Zip Code Topeka KS 66614- Purpose of Disbursement Mileage office supplies and data s Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> | Transaction ID: 80709.E1249 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>246.81</div> MILEAGE OFFICE SUPPLIES AND DATA S |
| C. Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address Main Office City State Zip Code Washington DC 20066- Purpose of Disbursement Business Reply Postage Account Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> | Transaction ID: 80709.E1175 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>500.00</div> BUSINESS REPLY POSTAGE ACCOUNT |

SUBTOTAL of Disbursements This Page (optional)

750.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Aristotle | Transaction ID: 80415.E1114 Date of Disbursement |
| Mailing Address 205 Pennsylvania Ave., SE | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 8</div> </div> |
| City Washington State DC Zip Code 20003- | Amount of Each Disbursement this Period |
| Purpose of Disbursement Credit card fees Candidate Name | <div> <div>214.45</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | CREDIT CARD FEES |
| B. Full Name (Last, First, Middle Initial) Aristotle | Transaction ID: 80415.E1106 Date of Disbursement |
| Mailing Address 205 Pennsylvania Ave., SE | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 8</div> </div> |
| City Washington State DC Zip Code 20003- | Amount of Each Disbursement this Period |
| Purpose of Disbursement Credit card fee Candidate Name | <div> <div>192.24</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | CREDIT CARD FEE |
| C. Full Name (Last, First, Middle Initial) Direct Impressions | Transaction ID: 80709.E1288 Date of Disbursement |
| Mailing Address 2100 Tomlynn St. | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 8</div> </div> |
| City Richmond State VA Zip Code 23230- | Amount of Each Disbursement this Period |
| Purpose of Disbursement Restore Fundraising Printing Candidate Name | <div> <div>2212.25</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | RESTORE FUNDRAISING PRINT-ING |

SUBTOTAL of Disbursements This Page (optional)

2618.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1232

Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

2363.11

MAILED RESTORE FUNDRAISING
PIECE

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Main Office

City Washington State DC Zip Code 20066-

Purpose of Disbursement
Business Reply Postage Account

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1176

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

2000.00

BUSINESS REPLY POSTAGE AC-
COUNT

C.

Full Name (Last, First, Middle Initial)
Nova List Company

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
Purchase mailing lists

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1214

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

10000.00

PURCHASE MAILING LISTS

SUBTOTAL of Disbursements This Page (optional)

14363.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
United Bank

Mailing Address 14426 Albemarle Point Place
Suite 100

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
Return Check Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1269

Date of Disbursement

/ /

Amount of Each Disbursement this Period

RETURN CHECK FEES

B.

Full Name (Last, First, Middle Initial)
Tri-State Envelope Corporation

Mailing Address P.O. Box 433

City Beltsville State MD Zip Code 20704-

Purpose of Disbursement
Restore Fundraising Material

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1283

Date of Disbursement

/ /

Amount of Each Disbursement this Period

RESTORE FUNDRAISING MATERIAL

C.

Full Name (Last, First, Middle Initial)
Tri-State Envelope Corporation

Mailing Address P.O. Box 433

City Beltsville State MD Zip Code 20704-

Purpose of Disbursement
Restore Fundraising Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1242

Date of Disbursement

/ /

Amount of Each Disbursement this Period

RESTORE FUNDRAISING PRINTING

SUBTOTAL of Disbursements This Page (optional) ►

2981.09

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Nova List Company

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
Mailing List Rentals for Restore
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1285
Date of Disbursement

/ /

Amount of Each Disbursement this Period

4566.96

MAILING LIST RENTALS FOR
RESTORE

B.

Full Name (Last, First, Middle Initial)
United Bank

Mailing Address 14426 Albemarle Point Place
Suite 100

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
Bank Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1220
Date of Disbursement

/ /

Amount of Each Disbursement this Period

173.73

BANK FEES

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Main Office

City Washington State DC Zip Code 20066-

Purpose of Disbursement
Business Reply Postage Account
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1217
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

BUSINESS REPLY POSTAGE AC-
COUNT

SUBTOTAL of Disbursements This Page (optional)

6240.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Advanced Mailing Services | Transaction ID: 80709.E1190 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 14970 Farm Creek Drive | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 3 | 0 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 3 | 0 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Woodbridge State VA Zip Code 22191- Purpose of Disbursement Restore Fundraising Mailing Candidate Name | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>6</td><td>3</td><td>7</td><td>.</td><td>4</td><td>5</td> </tr> </table> | 1 | 6 | 3 | 7 | . | 4 | 5 | | | | | | | | | | | | | |
| 1 | 6 | 3 | 7 | . | 4 | 5 | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type RESTORE FUNDRAISING MAILING | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Sisk Mailing Service | Transaction ID: 80709.E1240 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 203 Log Canoe Circle | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 5 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 1 | 5 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Stevensville State MD Zip Code 21666- Purpose of Disbursement Restore Fundraising Mailing Candidate Name | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>8</td><td>0</td><td>1</td><td>.</td><td>6</td><td>0</td> </tr> </table> | 1 | 8 | 0 | 1 | . | 6 | 0 | | | | | | | | | | | | | |
| 1 | 8 | 0 | 1 | . | 6 | 0 | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type RESTORE FUNDRAISING MAILING | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Washington Intelligence Bureau | Transaction ID: 80709.E1185 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 4128 Pepsi Place | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 7 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Chantilly State VA Zip Code 20151- Purpose of Disbursement Caging & Escrow Services Candidate Name | Amount of Each Disbursement this Period <table border="1"> <tr> <td>8</td><td>4</td><td>7</td><td>.</td><td>0</td><td>1</td> </tr> </table> | 8 | 4 | 7 | . | 0 | 1 | | | | | | | | | | | | | | |
| 8 | 4 | 7 | . | 0 | 1 | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type CAGING & ESCROW SERVICES | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

4286.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Dr. Suite 450</p> <p>City Herndon State VA Zip Code 20171-</p> <p>Purpose of Disbursement Data Services for Restore</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80709.E1291</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 470.00</p> <p>DATA SERVICES FOR RESTORE</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Nova List Company</p> <p>Mailing Address 13755 Sunrise Valley Dr. Suite 450</p> <p>City Herndon State VA Zip Code 20171-</p> <p>Purpose of Disbursement Purchase mailing lists</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80709.E1216</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 10773.00</p> <p>PURCHASE MAILING LISTS</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) CoreFirst Bank & Trust</p> <p>Mailing Address P.O. Box 5049</p> <p>City Topeka State KS Zip Code 66605-0049</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80709.E1248</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 454.01</p> <p>CREDIT CARD: SEE BELOW</p> |

SUBTOTAL of Disbursements This Page (optional)

11697.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) America Mailing Address 50 Massachusetts Ave. NE | Transaction ID: 80709.E1246 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 8</div> </div> |
| City Washington State DC Zip Code 20002- Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>303.90</div> [MEMO ITEM] MEMO: MEETING EXPENSE |
| B. Full Name (Last, First, Middle Initial) Zona Rosa Bravo Mailing Address 7301 NW 87th St. City Kansas City State MO Zip Code 64153- Purpose of Disbursement Meeting Cost Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80709.E1247 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>150.11</div> [MEMO ITEM] MEMO: MEETING COST |
| C. Full Name (Last, First, Middle Initial) HSP Direct Mailing Address 13755 Sunrise Valley Rd. Suite 450 City Herndon State VA Zip Code 20171- Purpose of Disbursement Design Restore Fundraising Piece Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80709.E1238 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>3603.20</div> DESIGN RESTORE FUNDRAISING PIECE |

SUBTOTAL of Disbursements This Page (optional)

3603.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Aristotle | Transaction ID: 80709.E1170 Date of Disbursement |
| Mailing Address 205 Pennsylvania Ave., SE | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 8 / 2 0 0 8</div> </div> |
| City Washington State DC Zip Code 20003- Purpose of Disbursement Credit Card Fees Candidate Name | Amount of Each Disbursement this Period <div>275.25</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type CREDIT CARD FEES |
| B. Full Name (Last, First, Middle Initial) United States Postal Service | Transaction ID: 80709.E1177 Date of Disbursement |
| Mailing Address Main Office | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 0 8</div> </div> |
| City Washington State DC Zip Code 20066- Purpose of Disbursement Business Reply Postage Account Candidate Name | Amount of Each Disbursement this Period <div>500.00</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type BUSINESS REPLY POSTAGE AC- COUNT |
| C. Full Name (Last, First, Middle Initial) Short Term Mail & Postage | Transaction ID: 80709.E1277 Date of Disbursement |
| Mailing Address 13755 Sunrise Valley Drive Suite 450 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div> |
| City Herndon State VA Zip Code 20171- Purpose of Disbursement Postage for Restore Mailing Candidate Name | Amount of Each Disbursement this Period <div>3299.54</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type POSTAGE FOR RESTORE MAILI- NG |

SUBTOTAL of Disbursements This Page (optional)

4074.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
BB&T Merchant

Mailing Address Box 200

City Wilson State NC Zip Code 27894-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1225

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.32

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
Integram Company

Mailing Address 8421 Hilltop Road

City Fairfax State VA Zip Code 22031-

Purpose of Disbursement
Restore Fundraising Mailing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1289

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2028.20

RESTORE FUNDRAISING MAILING

C.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Rd.
Suite 450

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
Design Restore Mailing Piece

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1275

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4576.08

DESIGN RESTORE MAILING PIECE

SUBTOTAL of Disbursements This Page (optional)

6684.60

TOTAL This Period (last page this line number only)

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Credit card fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80415.E1124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.95

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
T.C. Anderson

Mailing Address 2436 SW Camelot Pl.

City Topeka State KS Zip Code 66614-

Purpose of Disbursement
Mileage Data Services Stamps & Su

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1194

Date of Disbursement

/ /

Amount of Each Disbursement this Period

427.31

MILEAGE DATA SERVICES STA-
MPS & SU

C.

Full Name (Last, First, Middle Initial)
Card Services

Mailing Address P.O. Box 219736

City Kansas City State MO Zip Code 64121-9736

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1243

Date of Disbursement

/ /

Amount of Each Disbursement this Period

123.00

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

583.26

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.**A.**Full Name (Last, First, Middle Initial)
Patton Kiehl Group

Mailing Address P.O. Box 590

City Thornburg State VA Zip Code 22565-

Purpose of Disbursement
Mailed Restore Fundraising Piece

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1235

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

598.61

MAILED RESTORE FUNDRAISING
PIECE**B.**Full Name (Last, First, Middle Initial)
United BankMailing Address 14426 Albemarle Point Place
Suite 100

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1270

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

236.31

BANK FEES

C.Full Name (Last, First, Middle Initial)
United BankMailing Address 14426 Albemarle Point Place
Suite 100

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E1186

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 0 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

136.37

BANK FEES

SUBTOTAL of Disbursements This Page (optional)

971.29

TOTAL This Period (last page this line number only)

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

A.

B.

C.

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Advanced Mailing Services | Transaction ID: 80709.E1192 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 14970 Farm Creek Drive | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 1 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Woodbridge State VA Zip Code 22191- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Restore Fundraising Mailing | <table border="1"> <tr> <td>6</td><td>3</td><td>1</td><td>4</td><td>.</td><td>6</td><td>2</td> </tr> </table> | 6 | 3 | 1 | 4 | . | 6 | 2 | | | | | | | | | | | | | |
| 6 | 3 | 1 | 4 | . | 6 | 2 | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| RESTORE FUNDRAISING MAILING | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Martin J. Gillespie | Transaction ID: 80709.E1156 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1216 Maple Ave. | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 2 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Atco State NJ Zip Code 08004- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Restore political consulting fee | <table border="1"> <tr> <td>8</td><td>3</td><td>3</td><td>3</td><td>.</td><td>0</td><td>0</td> </tr> </table> | 8 | 3 | 3 | 3 | . | 0 | 0 | | | | | | | | | | | | | |
| 8 | 3 | 3 | 3 | . | 0 | 0 | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| RESTORE POLITICAL CONSULTING FEE | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Atlas Container Corp. | Transaction ID: 80709.E1295 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Box 64726 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 2 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Baltimore State MD Zip Code 21264- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Restore Fundraising Printing | <table border="1"> <tr> <td>3</td><td>1</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table> | 3 | 1 | 0 | . | 0 | 0 | | | | | | | | | | | | | | |
| 3 | 1 | 0 | . | 0 | 0 | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| RESTORE FUNDRAISING PRINTING | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

14957.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 / 93

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)
BB&T Merchant

Mailing Address Box 200

City Wilson State NC Zip Code 27894-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1273

Date of Disbursement

/ /

Amount of Each Disbursement this Period

138.57

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
Kenmore Envelope Company Inc

Mailing Address 4641 International Trade Court

City Richmond State VA Zip Code 23231-

Purpose of Disbursement
Restore Fundraising Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

842.40

**RESTORE FUNDRAISING PRINT-
ING**

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Main Office

City Washington State DC Zip Code 20066-

Purpose of Disbursement
Business Reply Postage Account

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1200.00

**BUSINESS REPLY POSTAGE AC-
COUNT**

SUBTOTAL of Disbursements This Page (optional)

2180.97

TOTAL This Period (last page this line number only)

197143.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 93

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.

A.

Full Name (Last, First, Middle Initial)

Joseph Casey

Mailing Address 6515 Sara Alyce Ct.

City
Burke

State
VA

Zip Code
22015-

Purpose of Disbursement
Refund of Contribution asked for credit

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E1160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 90 / 93

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Allied Printing ResourcesNature of Debt (Purpose):
Restore Fundraising Print-
ing

Mailing Address 455 Washington Ave.

City State ZIP Code
Carlstadt NJ 07072-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1301

Amount Incurred This Period

4674.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

4674.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Kiehl GroupNature of Debt (Purpose):
Mailed Restore Fundraising
Piece

Mailing Address P.O. Box 590

City State ZIP Code
Thornburg VA 22565-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1307

Amount Incurred This Period

3810.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

3810.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Sunrise Data ServicesNature of Debt (Purpose):
Data ServicesMailing Address 13755 Sunrise Valley Dr.
Suite 450City State ZIP Code
Herndon VA 20171-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1311

Amount Incurred This Period

1587.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

1587.93

1) **SUBTOTALS** This Period This Page (optional).....

10072.92

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 91 / 93

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Sunrise Data ServicesNature of Debt (Purpose):
Data & Mailing List Servi-
ces for ReMailing Address 13755 Sunrise Valley Dr.
Suite 450City State ZIP Code
Herndon VA 20171-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1312

Amount Incurred This Period

4567.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

4567.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Integram CompanyNature of Debt (Purpose):
Restore Fundraising maili-
ng

Mailing Address 8421 Hilltop Road

City State ZIP Code
Fairfax VA 22031-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1305

Amount Incurred This Period

1897.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

1897.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct ImpressionsNature of Debt (Purpose):
Restore Fundraising Print-
ing

Mailing Address 2100 Tomlynn St.

City State ZIP Code
Richmond VA 23230-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1302

Amount Incurred This Period

3712.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

3712.80

1) SUBTOTALS This Period This Page (optional).....

10177.91

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 92 / 93

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
HSP DirectNature of Debt (Purpose):
Restore Fundraising Piece
DesignMailing Address 13755 Sunrise Valley Rd.
Suite 450City State ZIP Code
Herndon VA 20171-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1303

Amount Incurred This Period

7995.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

7995.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HSP DirectNature of Debt (Purpose):
Restore Fundraising Piece
DesignMailing Address 13755 Sunrise Valley Rd.
Suite 450City State ZIP Code
Herndon VA 20171-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1304

Amount Incurred This Period

6337.04

Payment This Period

0.00

Outstanding Balance at Close of This Period

6337.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nova List CompanyNature of Debt (Purpose):
Restore Fundraising Maili-
ng ListsMailing Address 13755 Sunrise Valley Dr.
Suite 450City State ZIP Code
Herndon VA 20171-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1306

Amount Incurred This Period

4687.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

4687.49

1) SUBTOTALS This Period This Page (optional).....

19020.21

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 93 / 93

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Restore America PAC, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Washington Intelligence BureauNature of Debt (Purpose):
Caging and Escrow Service

Mailing Address 4128 Pepsi Place

City State ZIP Code
Chantilly VA 20151-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1309

Amount Incurred This Period

4079.35

Payment This Period

0.00

Outstanding Balance at Close of This Period

4079.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Washington Intelligence BureauNature of Debt (Purpose):
Caging & Escrow Services

Mailing Address 4128 Pepsi Place

City State ZIP Code
Chantilly VA 20151-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1310

Amount Incurred This Period

4391.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

4391.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Short Term Mail & PostageNature of Debt (Purpose):
Postage for Restore Mail-
ingMailing Address 13755 Sunrise Valley Drive
Suite 450City State ZIP Code
Herndon VA 20171-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80712.E1308

Amount Incurred This Period

2044.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

2044.13

1) SUBTOTALS This Period This Page (optional).....

10515.41

2) TOTALS This Period (last page this line number only).....

49786.45

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

49786.45